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ABSTRACT

In December 1990 all Wisconsin school administrators and Alcohol and Other Drug Abuse (AODA) program coordinators received The Comprehensive AODA Program Checklist which contains 46 items that describe comprehensive AODA program components and key elements of the implementation process. This document presents analysis and results of the survey, as well as conclusions and recommendations. These conclusions are cited: (1) the concept of comprehensive AODA programs has been strongly adopted by Wisconsin school districts; (2) the pattern of implementation suggests that schools have implemented a variety of prevention and intervention strategies to combat the problem of alcohol and other drug abuse; (3) most school districts are at a comparable point in development of comprehensive programs, although a small number lag behind; (4) the most frequently low-scoring checklist items were Employee Assistance Programs, peer programs, trained district administrators, and trained school members; (5) student policies and ongoing program appraisal were the most frequently high-scoring items; and (6) positive correlations were exhibited between the basic program framework achieved and previous state funding. In light of these findings seven recommendations are made, focusing on actions to be continued or initiated by the Wisconsin Department of Public Instruction. (ABL)

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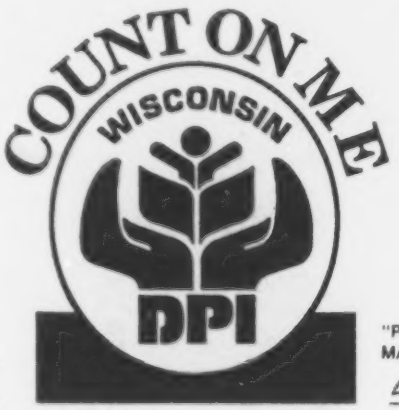
A Self-Evaluation Report of Wisconsin Public Schools

Comprehensive Alcohol and Other Drug Abuse Programs



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A Self-Evaluation Report of Wisconsin Public Schools

Comprehensive Alcohol and Other Durg Abuse Programs

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Table of Contents

		Page
Review of the Research		1
Problem and Hypotheses		5
Method		6
Analysis		8
Conclusions and Recommendations		15
Acknowledgements		21
References		22
Appendixes		
A.	External and Internal Assets, Definitions	25
B.	The Wisconsin Model for a Comprehensive K-12 AODA Program	26
C.	Comprehensive AODA Program Checklist	27
D.	Reported Scores: AODA Advisory Committee	29
E.	Reported Scores: Parent Programs	30
F.	Reported Scores: Employee Assistance Program	31
G.	Reported Scores: Peer Programs	32
H.	Reported Scores: Drug Free Alternative Activities	33
I.	Reported Scores: K-12 Student Assistance Program	34
J.	Reported Scores: K-12 AODA Curriculum	35
K.	Reported Scores: AODA Curriculum for All Students	36
L.	Reported Scores: Total Checklist Scores by Percent	37

Review of the Research

The problem of alcohol and other drug abuse affects all segments of society, cutting across age, race, gender, occupation, and social boundaries. While national statistics suggest that the use of drugs (other than alcohol) by adolescents has declined in recent years, drug use by youth in the United States is still the highest in the industrialized world. (Bachman, Johnson, and O'Malley, 1988)

A survey of Wisconsin public school children has shown that alcohol is their drug of choice. The survey found that 61% of high school seniors reported having used alcohol once or more in the last 30 days. (Search Institute, 1991). Not only is the problem widespread, it also is exceptionally complex. Alcohol and other drug abuse (AODA) and its associated problems are deeply entwined with many other "at-risk" behaviors such as eating disorders, depression, suicide, and physical, sexual, and emotional abuse.

Considering the depth and complexity of AODA and its related problems, the only possible solution is a unified, cooperative, strategic, and comprehensive program. Past prevention efforts often focused on imparting information, sometimes erroneous, in an attempt to frighten students and prevent their use of drugs. Not surprisingly, these efforts were not effective and in some cases served only to pique students' curiosity thereby actually increasing use by youth. (Bell-Bolek and Jones, 1986)

Any possible solution must reach all depths of society, all components of a community. AODA is not isolated in one subpopulation, it affects all members of society. Also, alcohol and other drug abuse is a social behavior woven into a larger framework of community norms. Therefore, a more sensitive and proactive community can help to prevent those social conditions that contribute to the psychological ills of its young people, such as alcohol and other drug abuse. (Perry, 1986)

Effective prevention programs also must address the source of the problem. In her meta-analysis of prevention effectiveness research, Nancy Tobler (1986) found that programs that address modifiable predictors are superior to programs that simply provide information. A 1990 Search Institute survey of 46,799 students in grades 6-12 from 25 states identified 30 internal and external assets, that when present, helped reduce the risk of youth developing AODA-related problems (see Appendix A). This research also uncovered 10 deficits, or countervailing influences, that can interfere with healthy development, limit access to assets, or ease the way to risky behavioral choices. The research concluded that the presence of deficits and absence of assets make harm more possible.

On key indicators for which representative national data were available, findings were remarkably similar to the Search Institute report. Therefore, findings about grade trends, gender differences, and the connection of assets to behavioral choices

are most likely applicable to any community. Truly effective prevention programs are those focused on skill building, peer-pressure resistance, inoculation against mass media messages, positive community (including parental) influences, normative education, peer leadership, and thoughtful consideration of social consequences of AODA. (Hansen, 1988)

In response to recent research on effectiveness of AODA prevention programs and risk factors for youth, the Wisconsin Model for a Comprehensive K-12 AODA Program was developed (see Appendix B). Outlined in the Department of Public Instruction publication *Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide*, the Wisconsin Model promotes a cohesive system of programming. The foundation of the model is classroom instruction for all students (K-12) on AODA-specific concepts that develop cognitive, personal, interpersonal, and social competencies. Much research has shown the need to address these four areas of skill development to have a truly effective prevention curriculum. (Rimel and Tarlou, 1986; Horton, 1988; Hansen, 1988; Totten, 1988; Bell-Bolek and Jones, 1986)

The curriculum component is coupled with a cluster of student programs, including a Student Assistance Program (SAP), peer programs, AODA-specific clubs, and drug-free alternative activities. Research has shown that student programs aimed at peer influences, such as those listed above, together with

accurate skill-focused information (curriculum) are an effective vehicle for prevention. (Halper, Klepp, and Perry, 1986)

The third component of the Wisconsin Model is a variety of programs for adults, including an Employee Assistance Program (EAP), employee wellness programs, and parent training and education. These programs support student programs by providing positive examples of behavior, reinforcing the idea that AODA-related problems affect everyone, and providing consistent information and skills in all settings, including family, school, and community.

Finally, any solution to AODA problems must involve programs, services, and role models in the community. By providing students with consistent messages about behavior from several sources over a sustained period of time, health-enhancing behaviors may then be adopted and maintained. (Gress, 1988; Fields, 1988; and Perry, 1986) Therefore, the comprehensive program is best coordinated by a school and community team known as the AODA Advisory Committee.

Problem and Hypotheses

Given the amount of research pointing to the need for comprehensive AODA programs, the Department of Public Instruction has been promoting these efforts in school districts since 1981. Grant programs, training, and publications have been developed and delivered to facilitate the implementation process. However, a gap existed in the department's ability to accurately assess the degree to which AODA programs were being implemented in all 430 Wisconsin school districts, including two state-administrated schools. This report bridges that gap by detailing research on the development of comprehensive AODA programs in Wisconsin school districts.

The hypothesis proposed was that all school districts have begun some AODA programming initiatives with many having the basic comprehensive framework in place. In examining the developmental process across the state, positive and negative trends were expected to be uncovered that could be generalized to other districts at similar stages. Additional analyses examined the correlation of geographic location, state funding received, and administrative coordination and support to the achievement of a comprehensive program. All of these variables were thought to impact on program development.

Method

In December 1990, all school district administrators and AODA coordinators in Wisconsin received a copy of PI-2389, The Comprehensive AODA Program Checklist (see Appendix C). The checklist was developed by DPI staff members and contained 46 items that described comprehensive AODA program components and key elements of the implementation process. School districts were asked to complete the checklist, which was arranged in three sections, as a self-evaluation of AODA prevention efforts. Each item received a score of 0 (not at all addressed) to 4 (completely addressed) based on district staff judgments.

Districts were informed that this evaluation process was to increase the ability of DPI and the school district to evaluate progress and identify program strengths and weaknesses. Though the item rating was subjective, it allowed districts to measure their progress in comprehensive program development.

Checklist scores also were built into the selection process for competitive state grants. Each grant application required applicants to relate the proposal to identified program needs as evidenced by low scores on individual checklist items. The motivating force behind awarding state grants was the development of comprehensive programs.

Of the 430 checklists distributed, 427 were completed and returned to the department. Of that number, 34 requested permission to revise and resubmit their checklists and were allowed to do so. All checklists were returned to the department by May 1, 1991.

The methods used in this study attempted to reduce the margin of error to the greatest possible degree, while implementing an evaluation process that not only gathered data but enabled school districts to glean some benefit from the experience. To that end, the Comprehensive AODA Program Checklist provided districts with an opportunity to critically assess strengths and weaknesses in their AODA programs.

While the checklist was a non-standardized instrument, it did exhibit acceptable content validity. The statistical correlation among the three sections of the checklist indicated that the instrument listed a variety of difficult-to-achieve elements of a comprehensive AODA program rather than repeating questions about the same basic elements in each section. In other words, the checklist measured what it was intended to measure.

Analysis

The checklist yielded an evaluation of the quantity of programs implemented in school districts and the quality of those programs.

Initially, the checklists were analyzed by the total score and ranked from highest to lowest by total possible points achieved (see Table 1). The checklist items were arranged in three sections:

1. Implementation and Integration
2. Programs for Students and Adults
3. AODA Curriculum

The average scores in the three sections indicated that similar progress (75%) was made in implementation/integration and AODA curriculum while programs for students and adults lagged considerably behind at 50% completion. For the most part, the districts were roughly similar from a statistical point of view. All 427 districts submitting a checklist scored within statistical group norms, meaning none was exceptionally good or exceptionally poor statistically speaking. The entire state averaged 62% of the total possible points. Half of the districts scored between 74% and 54% of the total possible points. This first analysis provided a measure of district effort in the implementation of comprehensive AODA programs.

District Total Scores on AODA Checklist

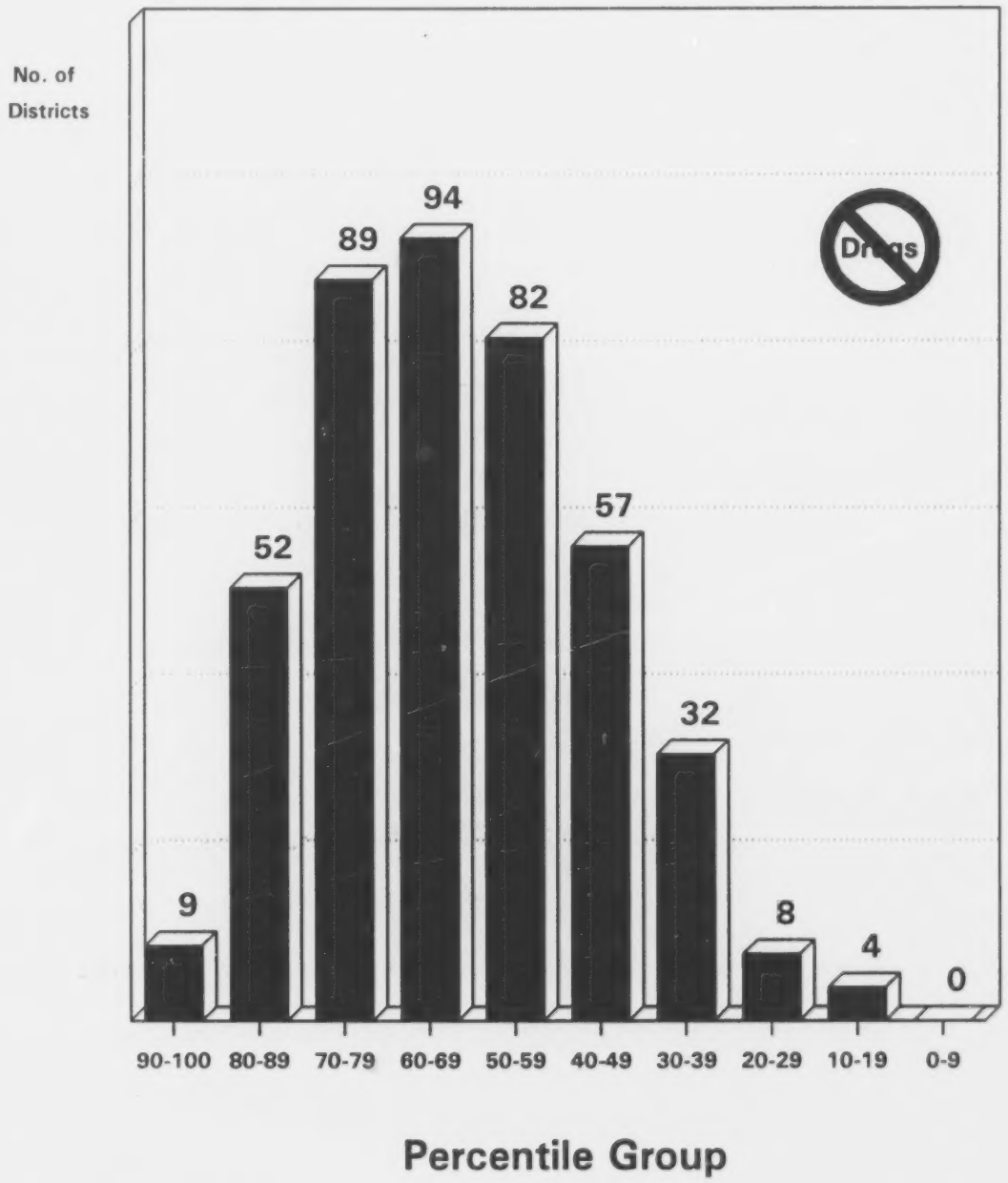

Table 1

Next, an eight-item subset of the 46 checklist items was analyzed. The subset represented the basic framework or "bare bones" components of a comprehensive program, exclusive of qualitative indicators such as numbers participating and relevance of materials used. The subset included:

- AODA advisory committee (Section I, item 5)
- parent programs (Section II, item 1)
- Employee Assistance Program (Section II, item 5)
- peer programs (Section II, item 6)
- drug free alternative activities (Section II, item 7)
- K-12 Student Assistance Program (Section II, item 8)
- K-12 AODA curriculum (Section III, item 1)
- AODA curriculum provided for all students (Section III, item 2)

Based on these eight items, 168 districts (or 39% of the state) could claim a comprehensive AODA program.

It also was possible to determine which elements of a comprehensive program were most difficult for districts to achieve. The most difficult element was an Employee Assistance Program, which received a score of zero by 197 districts of the 427 districts submitting a checklist. That was more than twice as many districts as had not achieved the next most difficult element - peer programs. The item least often scored a zero in the subset was AODA curriculum provided for all

students (Section III, item 2). Interestingly, an Employee Assistance Program was the only element on the checklist not eligible to be funded by monies administered through the Department of Public Instruction. When that element was removed, the number of districts able to claim comprehensive AODA programs jumped to 273 or 63% of the state total (see Table 2).

This analysis did not focus on the quality of the total program. However, it did indicate the degree to which the concept of a "comprehensive" AODA program had taken hold in Wisconsin schools rather than district efforts focused on merely one or two individual elements (such as curriculum) and ignoring the total scope of the Wisconsin Model.

The third analysis attempted to compare the results of the first two analyses to determine the quality of the basic framework achieved. To do this, those 168 districts having achieved all eight elements were ranked in order of the percent of total checklist points achieved (see Table 3). This analysis showed that districts that had achieved the basic framework tended to, on average, score higher on the entire checklist. The average total score for these districts was 78% of the total possible points, compared to the state average of 62%. Districts that had not achieved the basic framework averaged a total score of 58%.

Basic Framework of Comprehensive AODA Programming

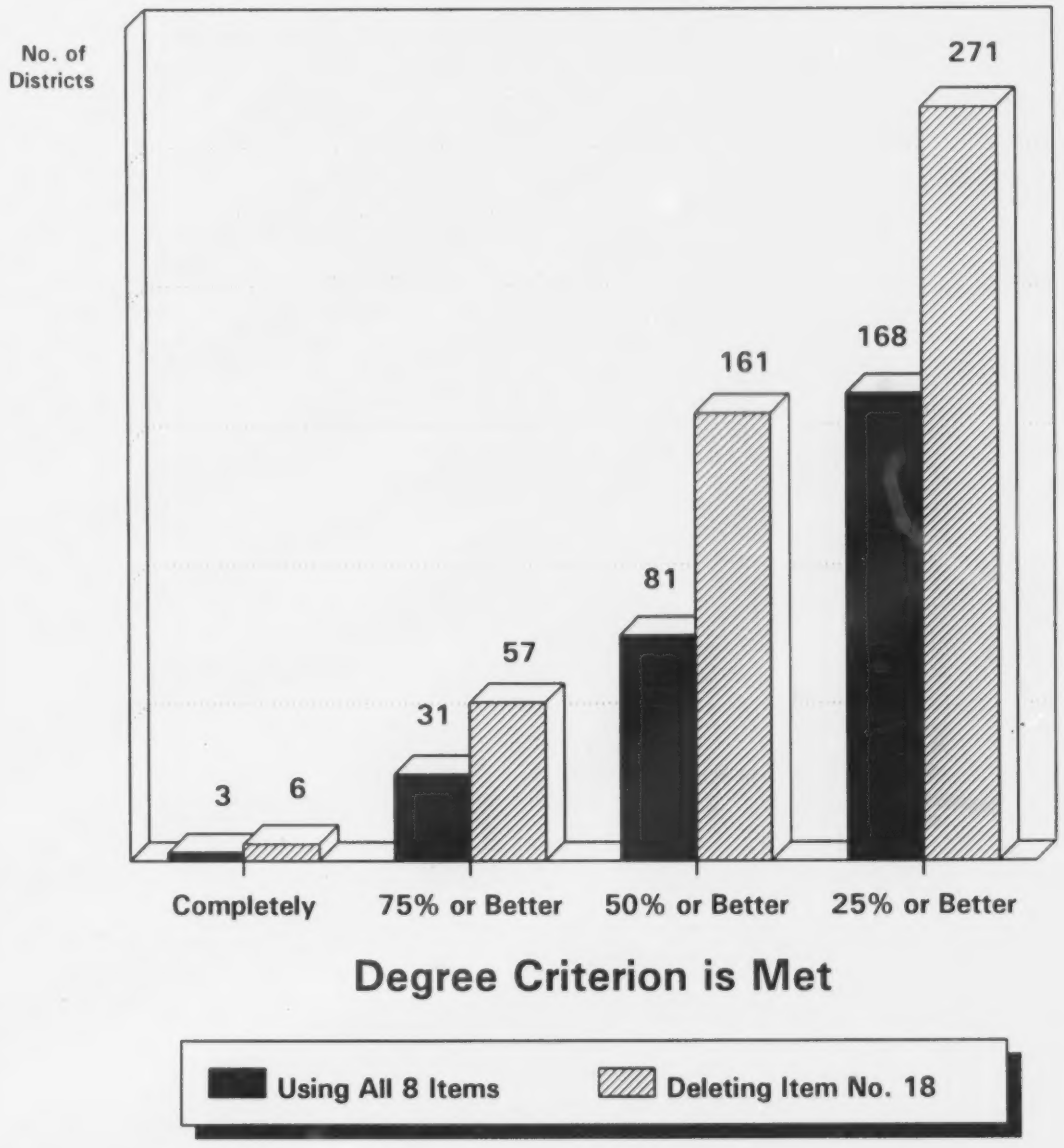

Table 2

Total Scores Reported by Districts Having Basic Eight Components

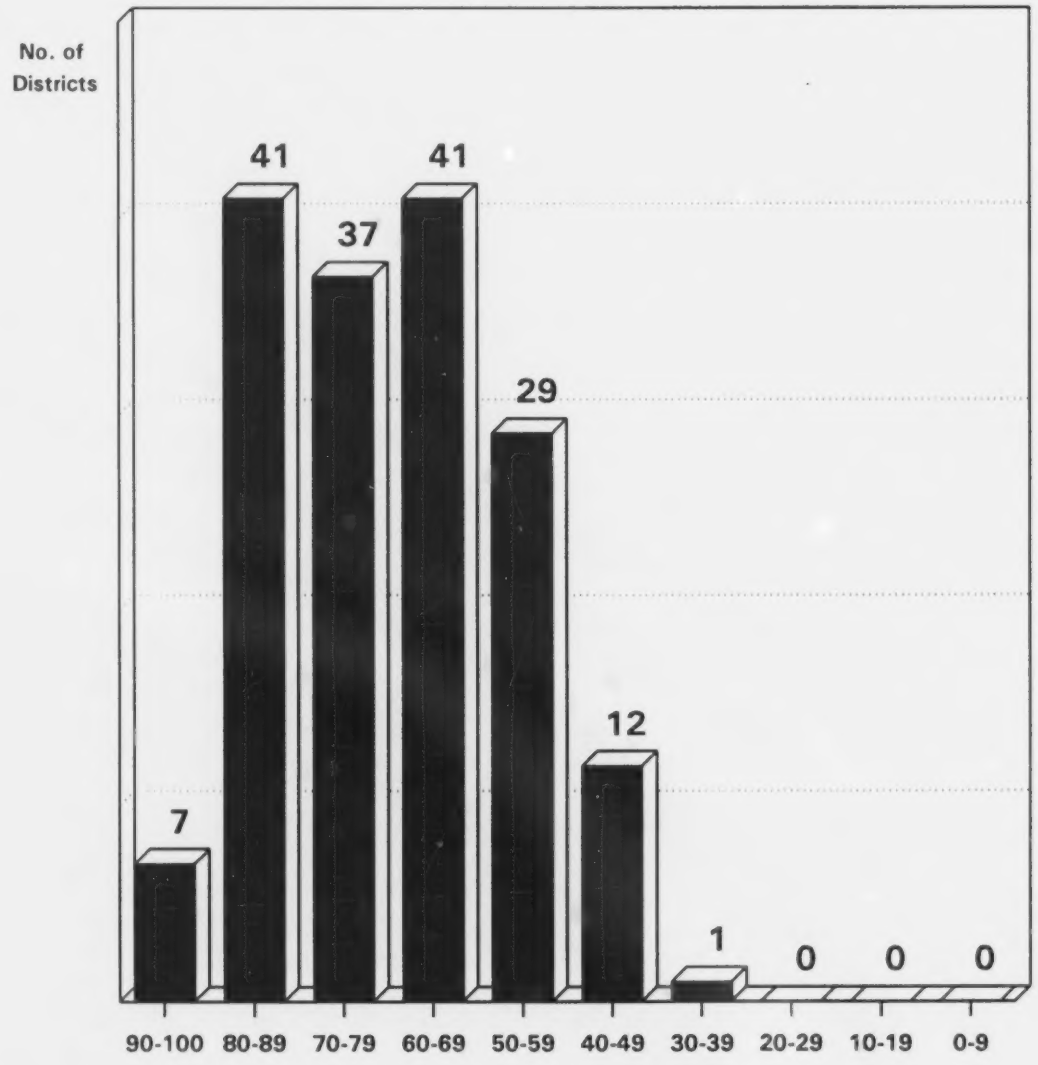

Table 3

To determine if the total checklist score and the initiation of the basic framework varied by geographic location, the total score and subset scores were analyzed according to Cooperative Education Service Agency (CESA). No statistically significant difference existed when total score averages were examined according to CESA. However, the number of districts that achieved the basic framework of eight elements varied slightly by CESA when an additional factor, state funding, was introduced. The level of state funding received by a CESA region appeared to be a predictor of the number of districts with a basic framework 83% of the time. Though a cause-and-effect relationship could not be drawn from this analysis, one could accurately claim that regions receiving state funding also are likely to show more comprehensive AODA programs. To determine the exact reasons for that relationship would require further study.

Finally, an examination was done of the correlation between item 11 in Section I (district has an AODA coordinator), item 17 in Section II (district administrator has participated in AODA training), and the achievement of the basic framework. School districts that had an AODA coordinator averaged 6.15 out of eight basic elements, compared to those districts without a coordinator that averaged 4.84 elements, a difference of 16%. The elements achieved by those districts that had a trained administrator averaged 6.26, compared to 5.68 in districts where the administrator was less involved, a difference of 7%.

Conclusions and Recommendations

Based on the scores reported by the participating districts, it seems logical to conclude that the concept of comprehensive AODA programs has been strongly adopted by Wisconsin school districts. The pattern of program implementation documented by the checklists suggests that schools have implemented a variety of prevention and intervention strategies to combat the problem of alcohol and other drug abuse. Similarly, it was apparent that most school districts are at a comparable point in their development of comprehensive programs. A small number, however, lag behind the norm.

A pattern of implementation was evidenced by the frequency with which individual items were or were not addressed by districts. For example, Employee Assistance Programs, peer programs, trained district administrators, and trained school members were among the most frequently low-scoring checklist items. On the other hand, integration of AODA programs with other school programs, student policies, and ongoing program appraisal were the most frequently high-scoring items. From these patterns it would appear that not all elements are equally easy for districts to initiate. The reasons for this difficulty can not be identified from this data, although disparity clearly exists among certain items.

The data begins to suggest some relationships among various factors and the comprehensiveness of AODA program efforts. Positive correlations between the basic program framework achieved and previous state funding seemed to indicate the possibility that a district receiving more funding may be more likely to provide greater comprehensive programming than regions receiving less funds. Likewise the presence of an AODA coordinator and a trained administrator yielded similar results, though to a lesser degree.

In light of these findings a number of recommendations seem practical.

1. **The Department of Public Instruction should continue to communicate program expectations to local school districts.** The checklist provided a clear outline of AODA program expectations for school districts and enabled them to assess their progress. This tangible communication of expectations to all districts enables DPI to positively influence local program development. In addition, it provides direction for local administrators and coordinators who are struggling to find effective approaches to the problem of alcohol and other drug abuse. The more the department can clearly express its expectations and consistently allocate resources for stated objectives, the more districts can begin to form long-range plans for AODA program development.

2. **The Department of Public Instruction must continue to promote comprehensive AODA programs.** Consistent with Search Institute recommendations in its 1991 survey of Wisconsin youth, AODA prevention programs should not only provide AODA information but also should promote support systems and reasonable limits for youth. Current research endorses the programs contained in the Wisconsin Model for a Comprehensive K-12 AODA Program as the types of diverse strategies necessary when attempting to change behaviors and attitudes. (Klitzner, 1988) In light of this support, it is critical that development of this program model be fostered in local schools.

3. **Efforts must be made to raise the level of achievement of comprehensive programs across the state.** The data indicated that the majority of districts are at a similar point in the comprehensiveness of their program efforts with the exception of a small number that were significantly behind the rest of the state. With this in mind, it is important that efforts be made to move all districts forward to a higher level of programming and make special efforts to give assistance to those districts having the least success.

4. **The Department of Public Instruction must continue to provide technical assistance, state funding, and state-sponsored training**

related to comprehensive AODA programs. The complex nature of comprehensive programs makes the DPI's role critical because of its ability to allocate resources to school districts. If schools are to improve the level of AODA programs, they will need DPI's support. Grant programs, workshops, training sessions, and publications must continue to keep comprehensive AODA programming as a long-term goal for all school districts.

5. **Comprehensive AODA programs must be part of a community-supported framework of prevention.** School-based prevention efforts can have little impact on student behaviors and attitudes if they are not supported and reinforced by the community. (Horton, 1988; Gress, 1988; Totten, 1988; Fields, 1988; Bell-Bolek and Jones, 1986; Perry, 1986; Search Institute, 1991; Klitzner, 1988; National Commission on Drug-Free Schools, 1990) All sectors of community life - families, schools, churches and synagogues, community agencies, government, and business - must feel committed and empowered to collaborate around AODA prevention. Communities must develop a shared vision and commitment to achieving their vision for positive youth development. (Search Institute, 1991) The school setting is only one influence on youth development. To have a lasting impact, schools must reach out and include community members in

all prevention efforts. If any community sector is excluded, the potential impact that prevention efforts may have is reduced.

6. **The Department of Public Instruction must initiate on-site evaluation of comprehensive AODA program development.** To confirm the self-evaluation findings reported by local districts and to improve the understanding of the evaluation process, DPI staff must begin a systematic review of district programs. Through this process, district and department staff members can come to mutual agreement on the status of the local AODA program and can outline a plan for its improvement. All school districts in Wisconsin should be visited during a multi-year period to more accurately assess the status of comprehensive AODA programs.

7. **The Department of Public Instruction must continue to study program development and influences on the developmental process.** To keep current on the status of comprehensive AODA program development in Wisconsin schools, the checklist evaluation must be repeated. In addition, further study is needed to explore factors that help or hinder program development. While data identified correlational relationships among some items, the checklist did not include other factors, such as community support of school AODA programs and local funding of AODA initiatives that may help motivate program development. Similarly,

a qualitative analysis of comprehensive program outcomes may help identify changes (as perceived by students, faculty, administration, and community members) that take place within schools that have comprehensive programs. Continuous observation and analysis of school-based prevention efforts are critical if effective state leadership in AODA programming is to occur.

Acknowledgements

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References

Bachman, J., Johnson, L., and O'Malley, P. "Summary of 1987 Drug Study Results." University of Michigan News and Information Service Press Release, 1988.

Baker, E., et al. "Preventing Adolescent Drug Abuse Through a Multimodal Cognitive-Behavioral Approach: Results of a 3-Year Study." *Journal of Consulting and Clinical Psychology* 58.4, 1990, pp. 437-446.

Bell-Bolek, C., and Jones, C. "Kids and Drugs: Why, When and What Can We Do About It?" *Children Today* 15.3, 1986, pp. 5-10.

Botvin, G. "Substance Abuse Prevention Research: Recent Developments and Future Directions." *Journal of School Health* 56.9, 1986, pp. 407-411.

Fields, G. "You Cannot Delegate Leadership." *Educational Leadership* 45.6, 1988, pp. 33-35.

Gress, J. "Alcoholism's Hidden Curriculum." *Educational Leadership* 45.6, 1988, pp. 18-19.

Halper, A., Klepp, K., and Perry, C. "The Efficacy of Peer Leaders in Drug Abuse Prevention." *Journal of School Health* 56.9, 1986, pp. 407-411.

Hansen, W. "Effective School-Based Approaches to Drug Abuse Prevention." *Educational Leadership* 45.6, 1988, pp. 9-12.

Horton, L. "The Education of Most Worth: Preventing Drug and Alcohol Abuse." *Educational Leadership* 45.6, 1988, pp. 4-8.

Klitzner, M. *Report to Congress on the Nature and the Effectiveness of Federal, State, and Local Drug Pevention/Education Programs.* U.S. Dept. of Education and U.S. Dept. of Health and Human Services, 1988.

Perry, C. "Community-Wide Health Promotion and Drug Abuse Prevention." *Journal of School Health* 56.9, 1986, pp. 359-363.

Rimel, W., and Tarlou, A. "Drug Abuse Prevention, The Sponsoring Foundation's Perspective." *Journal of School Health* 56.9, 1986, p. 358.

Search Institute. *The Troubled Journey: A Portrait of 6th-12th Grade Youth.* Minneapolis, MN: Search Institute, 1990.

Search Institute. *The Wisconsin Study: Alcohol and Other Drug Use.* Minneapolis, MN: Search Institute, 1991.

Tobler, N. "Meta-Analysis of 143 Adolescent Drug Prevention Programs: Quantitative Outcome Results of Program Participants Compared to Control or Comparison Group." *Journal of Drug Issues*, Vol. 16, 1986, pp. 537-567.

Totten, S. "The Myraid Dangers of Tobacco Use: Ignorance is Anything But Bliss." *Educational Leadership* 45.6, 1988, pp. 28-32.

U.S. Department of Education. "National Commission on Drug Free Schools." Washington D.C: Government Printing Office, 1990.

Wisconsin Department of Public Instruction. *Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide.* Madison, WI: Wis. Dept. of Public Instruction, 1991.

Appendixes

A. External and Internal Assets, Definitions

B. The Wisconsin Model for a Comprehensive K-12 AODA Program

C. Comprehensive AODA Program Checklist

D. Reported Scores: AODA Advisory Committee

E. Reported Scores: Parent Programs

F. Reported Scores: Employee Assistance Program

G. Reported Scores: Peer Programs

H. Reported Scores: Drug Free Alternative Activities

I. Reported Scores: K-12 Student Assistance Program

J. Reported Scores: K-12 AODA Curriculum

K. Reported Scores: AODA Curriculum for All Students

L. Reported Scores: Total Checklist Scores by Percent

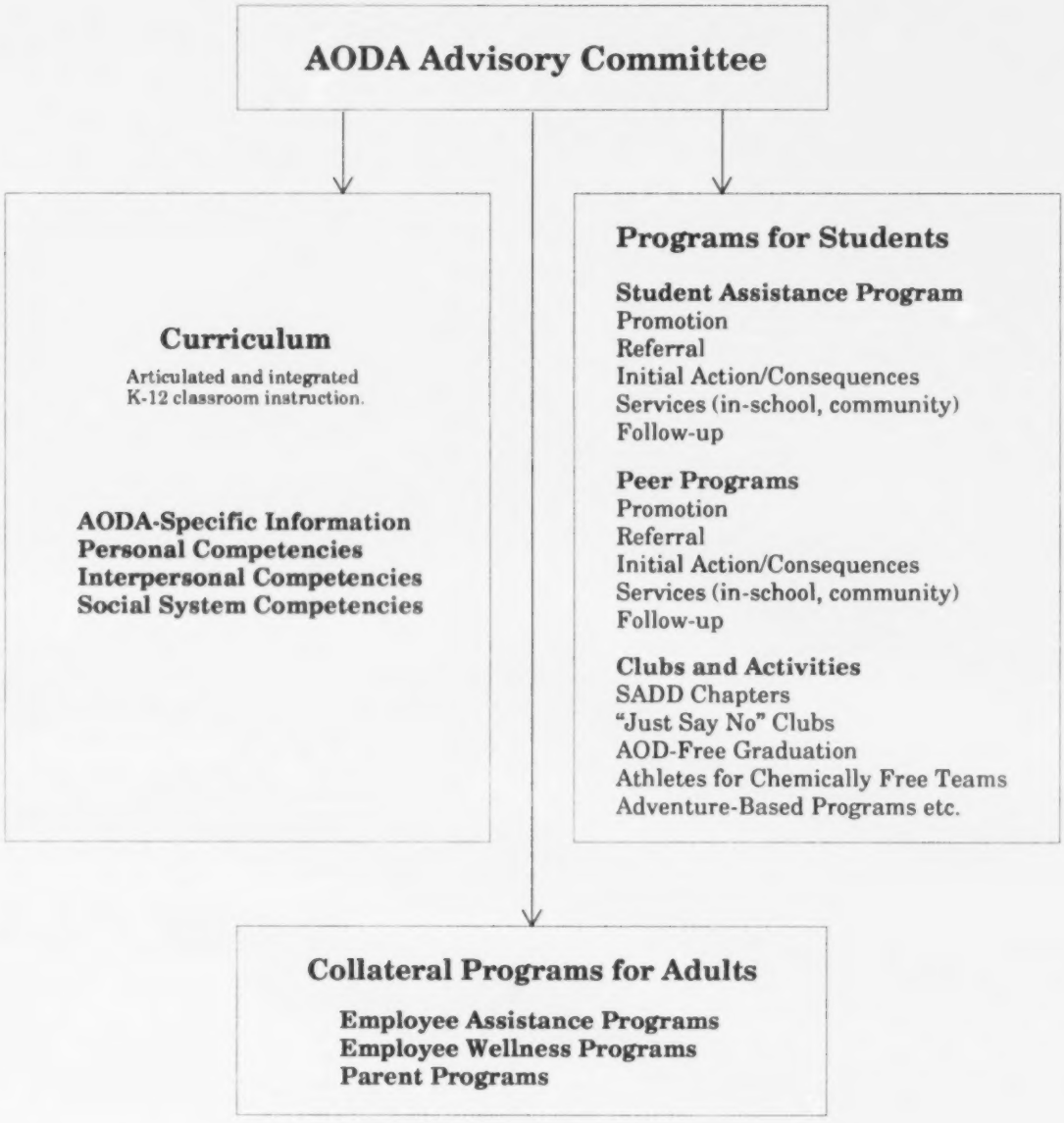
External and Internal Assets, Definitions

	ASSET TYPE	ASSET NAME	ASSET DEFINITION
EXTERNAL	Support	Family support Parent(s) as social resources	Family life provides high levels of love and support Student views parent(s) as accessible resources for advice and support
		Parent communication Other adult resources	Student has frequent, in-depth conversations with parent(s) Student has access to non-parent adults for advice and support
		Other adult communication	Student has frequent, in-depth conversations with non-parent adults
		Parent involvement in schooling Positive school climate	Parent(s) are involved in helping student succeed in school School provides a caring, encouraging environment
	Control	Parental standards Parental discipline	Parent(s) have standards for appropriate conduct Parent(s) discipline student when a rule is violated
		Parental monitoring	Parent(s) monitor "where I am going and with whom I will be"
		Time at home	Student goes out for "fun and recreation" 3 or fewer nights per week
		Positive peer influence	Student's best friends model responsible behavior
	Structured Time Use	Involved in music	Student spends 1 hour or more per week in music training or practice
		Involved in school extracurricular activities	Student spends 1 hour or more per week in school sports, clubs, or organizations
		Involved in community organizations or activities	Student spends 1 hour or more per week in organizations or clubs outside of school
		Involved in church or synagogue	Student spends 1 hour or more per week attending programs or services
INTERNAL	Educational Commitment	Achievement motivation	Student is motivated to do well in school
		Educational aspiration	Student aspires to pursue post-high school education (e.g., trade school, college)
		School performance	Student reports school performance is above average
		Homework	Student spends 6 hours or more on homework per week
	Positive Values	Values helping people	Student places high personal value on helping other people
		Is concerned about world hunger	Student reports interest in helping to reduce world hunger
		Cares about people's feelings	Student cares about other people's feelings
		Values sexual restraint	Student values postponing sexual activity
	Social Competence	Assertiveness skills	Student reports ability to "stand up for what I believe"
		Decision-making skills Friendship-making skills	Student reports "I am good at making decisions" Student reports "I am good at making friends"
		Planning skills Self-esteem Positive view of personal future	Student reports "I am good at planning ahead" Student reports high self-esteem Student is optimistic about his/her personal future

Based on *The Troubled Journey: A National Portrait of 6-12th Grade Youth.* Minneapolis, MN: Search Institute, 1991.

Appendix B

The Wisconsin Model for a Comprehensive K-12 AODA Program



Comprehensive AODA Program Checklist

I. IMPLEMENTATION AND INTEGRATION					
Criteria	Degree Criterion is Met *Circle* appropriate number. To Some Degree				
	Completely	75%	50%	25%	Not at All
1. Student use and attitude survey has been conducted within the past three years.	4	3	2	1	0
2. Ongoing informal/formal appraisal conducted on a regular basis.	4	3	2	1	0
3. Staff, students, and community informed of appraisal.	4	3	2	1	0
4. Records are kept for evaluation of program.	4	3	2	1	0
5. Advisory committee formed with broad community and school representation.	4	3	2	1	0
6. District has an Alcohol and Other Drug Abuse (AODA) policy for students that emphasizes nonuse and provides avenues for referral and assistance.	4	3	2	1	0
7. District has an AODA policy for employees that provides avenues for referral and assistance.	4	3	2	1	0
8. Policies were developed with input from school and community personnel.	4	3	2	1	0
9. Policies are clearly communicated to staff, students, and parents on an annual basis.	4	3	2	1	0
10. District has developed a long-range plan for comprehensive AODA programs which include training and release time.	4	3	2	1	0
11. District has an AODA coordinator with AODA training and release time.	4	3	2	1	0
12. AODA program is integrated with other school programs such as At Risk, School Age Parents, and academic subjects.	4	3	2	1	0
13. AODA program is integrated with outside agencies such as law enforcement, social services, justice, etc	4	3	2	1	0
II. PROGRAMS FOR STUDENTS/COLLATERAL PROGRAMS FOR ADULTS					
1. Parents are provided educational opportunities for learning about AODA.	4	3	2	1	0
2. District offers general awareness programs to the community, staff, students, and parents.	4	3	2	1	0
3. District has a parent-to-parent network.	4	3	2	1	0
4. Parents have an active role in implementing some components of the AODA program.	4	3	2	1	0
5. District has an Employee Assistance Program.	4	3	2	1	0
6. District has peer programs such as peer helpers, peer educators, etc.	4	3	2	1	0
7. District provides drug free alternative activities.	4	3	2	1	0
8. District has K-12 Student Assistance Program (SAP) in place.	4	3	2	1	0
9. Teachers are provided stipends/release time to cofacilitate groups.	4	3	2	1	0
10. Basic AODA training is provided by district.	4	3	2	1	0
11. Advanced AODA training is provided by district.	4	3	2	1	0
12. Group facilitation training is provided by district.	4	3	2	1	0
13. AODA curriculum training is provided by district.	4	3	2	1	0
14. Peer training is provided by district.	4	3	2	1	0

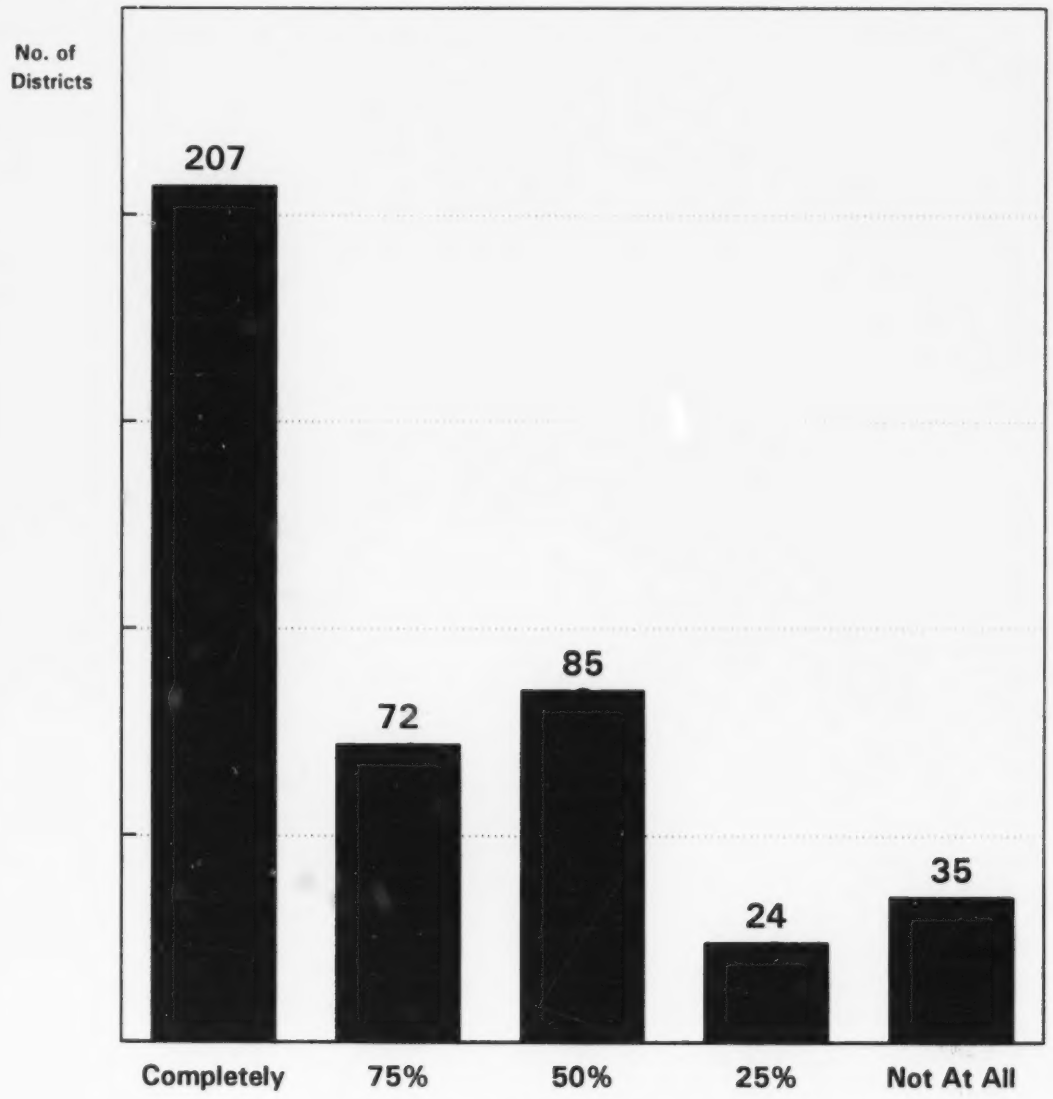
II. PROGRAMS FOR STUDENTS/COLLATERAL PROGRAMS FOR ADULTS (continued)

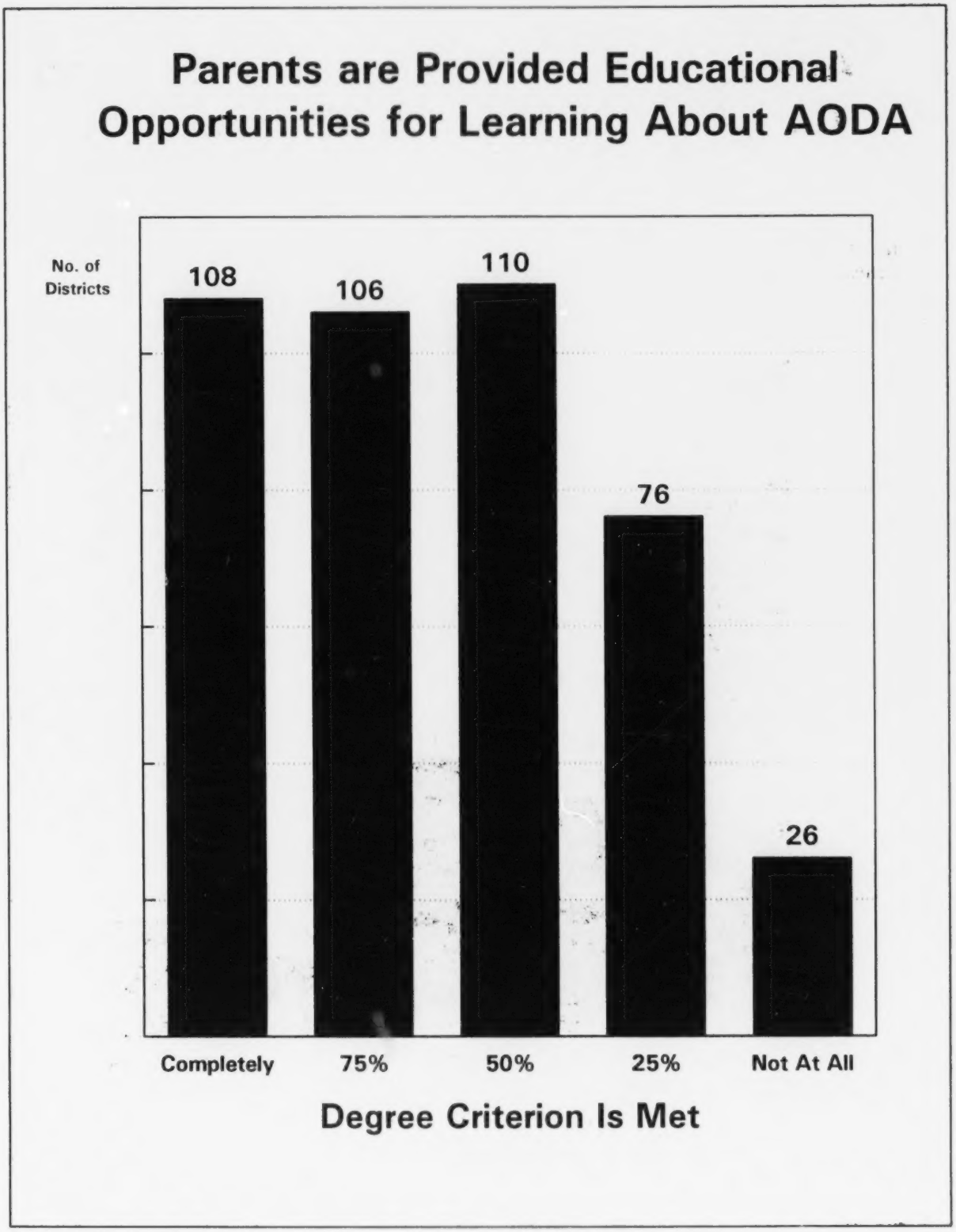
Criteria	Degree Criterion is Met *Circle* appropriate number. To Some Degree				
	Completely	75%	50%	25%	Not at All
15. AODA coordinator training is provided by district.	4	3	2	1	0
16. Inservices on AODA provided annually.	4	3	2	1	0
17. District administrator has participated in AODA training.	4	3	2	1	0
18. What percent of school staff have participated in AODA training?	4	3	2	1	0
19. What percent of students have participated in AODA training?	4	3	2	1	0
20. What percentage of school board members have participated in AODA training?	4	3	2	1	0
21. What percent of student athletes have received AODA training?	4	3	2	1	0
22. What percent of coaches have received AODA training?	4	3	2	1	0
23. What percent of building principals have received AODA training?	4	3	2	1	0
III. AODA CURRICULUM					
1. District has a K-12 AODA specific curriculum that is developmentally appropriate, sequential, and mandatory at every grade level.	4	3	2	1	0
2. AODA curriculum is provided for all students including exceptional and gifted and talented.	4	3	2	1	0
3. Curriculum is up to date and accurate.	4	3	2	1	0
4. Curriculum is reviewed periodically to check for relevance and effectiveness.	4	3	2	1	0
5. Coordinates with and involves other disciplines at each grade level (e.g., health, literature, science, social studies).	4	3	2	1	0
6. Includes a continuum of knowledge and life skill competencies that will affect the decisions students have to make about AODA issues.	4	3	2	1	0
7. Contains a mechanism for continuing evaluation and revisions of curriculum material to incorporate current information.	4	3	2	1	0
8. Demonstrates sensitivity to the specific needs of the local school and community in terms of cultural appropriateness and local AODA problems.	4	3	2	1	0
9. Includes appropriate information on intervention and referral services including community AODA programs.	4	3	2	1	0
10. Uses peer education with students trained to provide information, facilitate discussion, and demonstrate skills to other students.	4	3	2	1	0

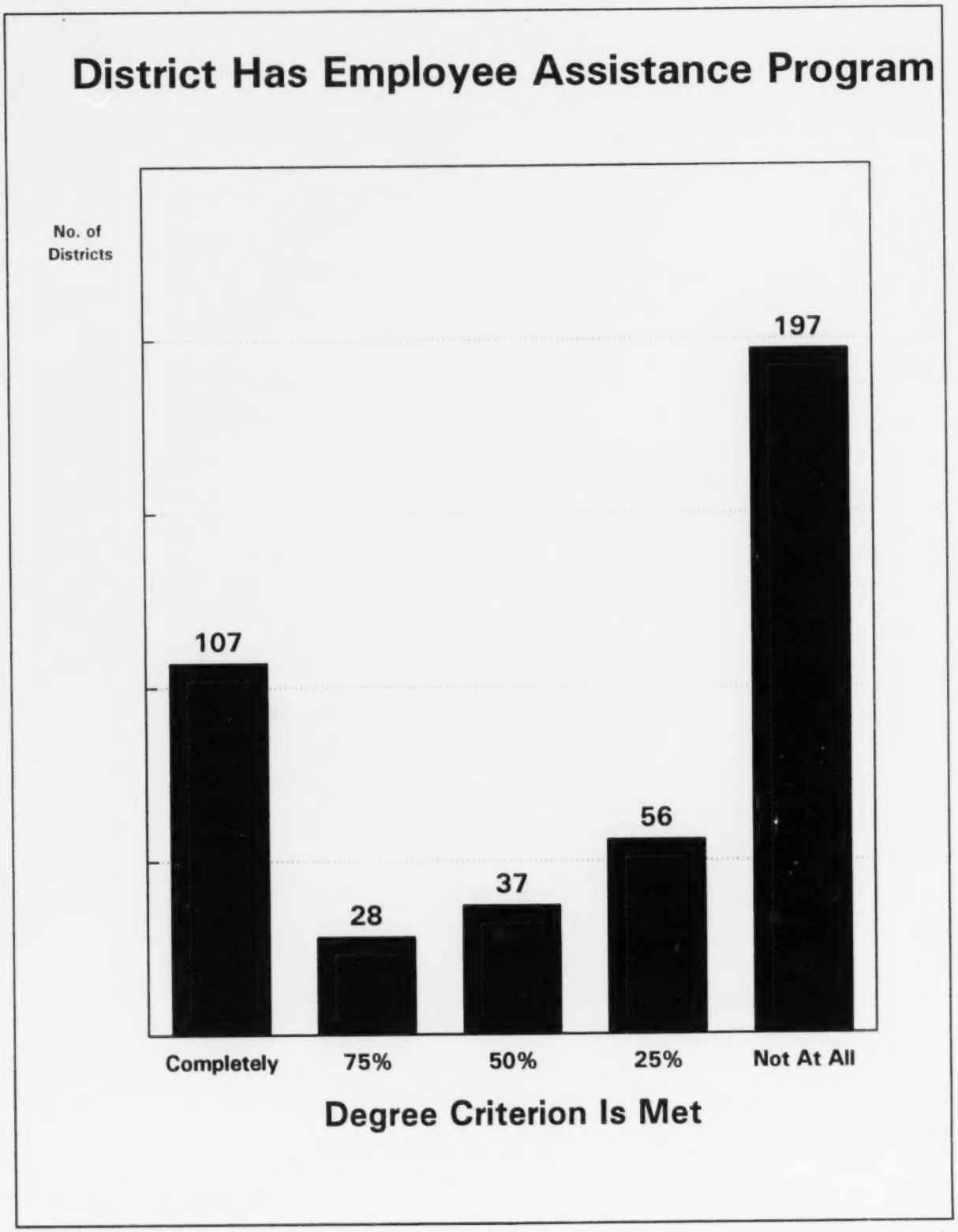
TOTALS

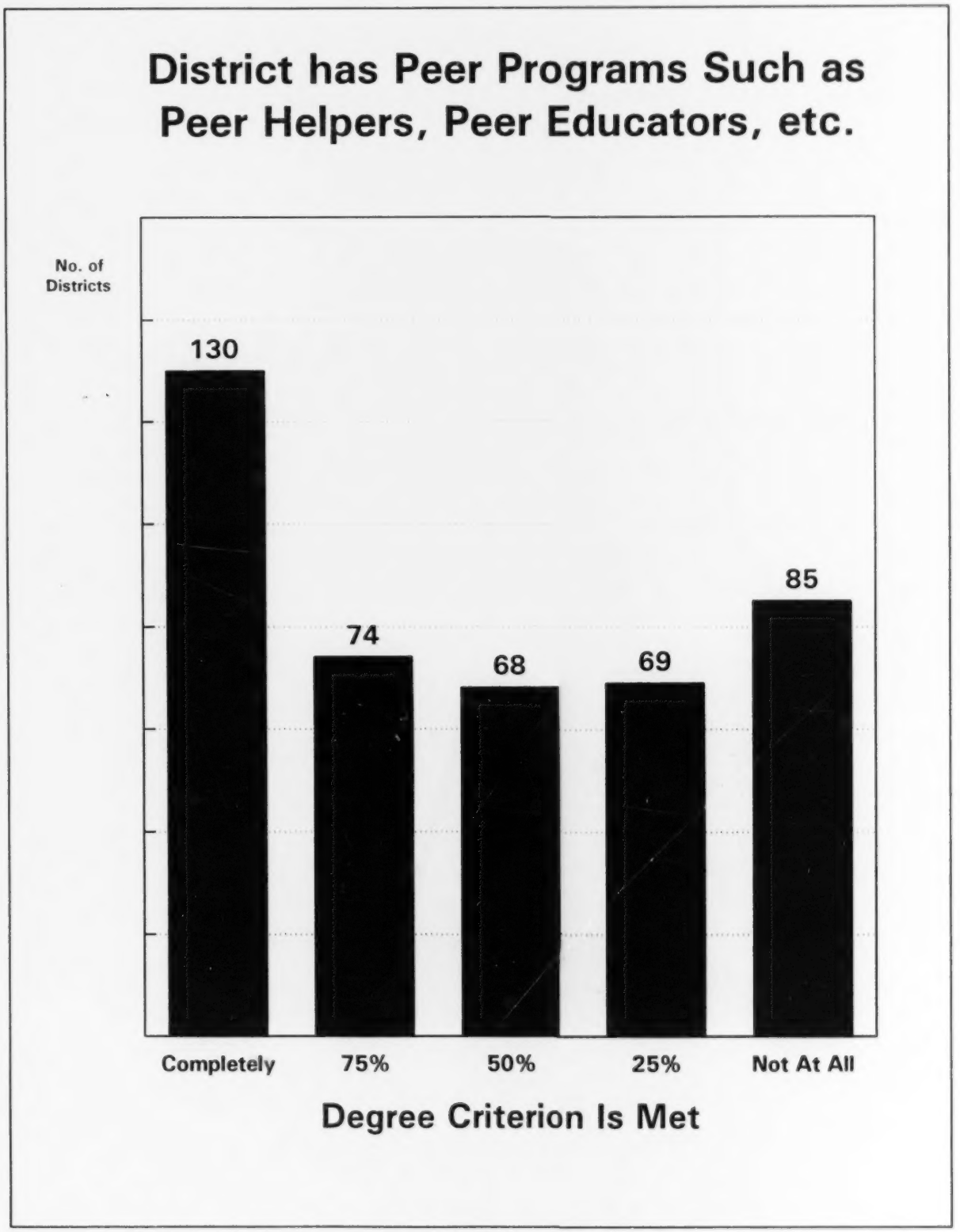
For DPI Use						
	Section I Totals					
	Section I Total Score					
	Section II Totals					
	Section II Total Score					
	Section III Totals					
	Section III Total Score					
	Column Totals					
	DISTRICT TOTAL— Add the Total Score from Sections I, II, & III					
	Total Points Possible					184

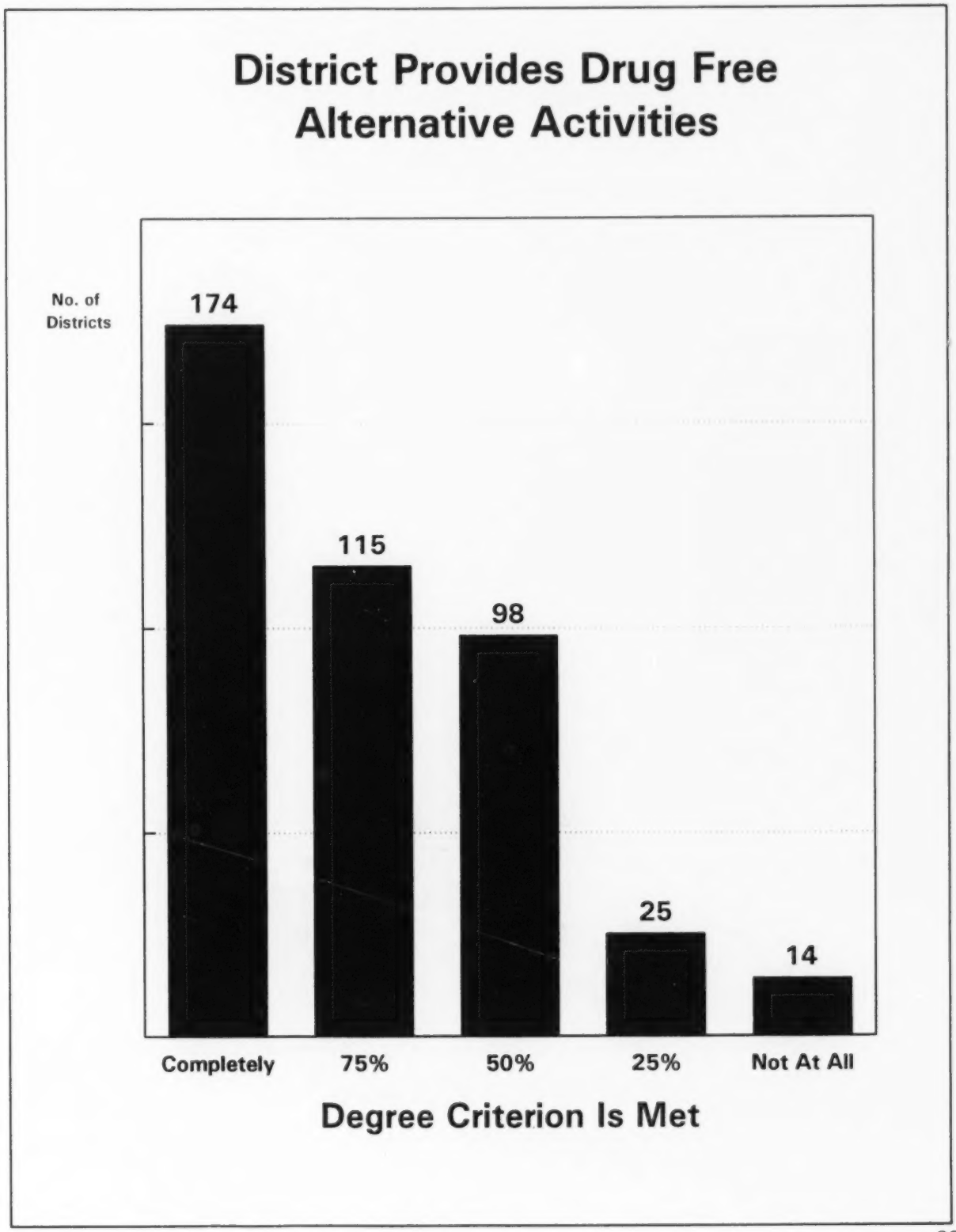
Advisory Committee Formed with Broad Community and School Representation



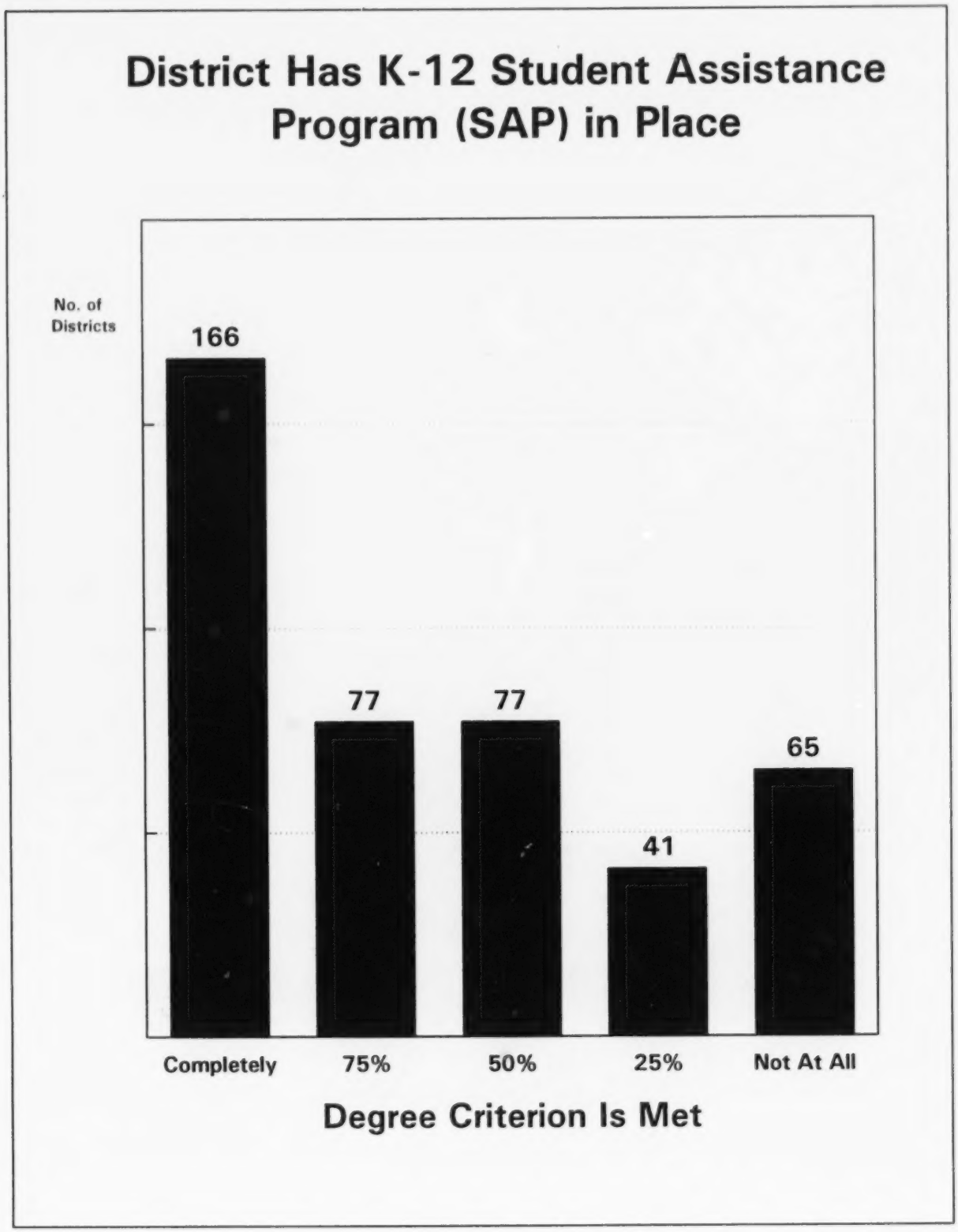

Parents are Provided Educational Opportunities for Learning About AODA
No. of Districts
108
106
110
76
26
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met

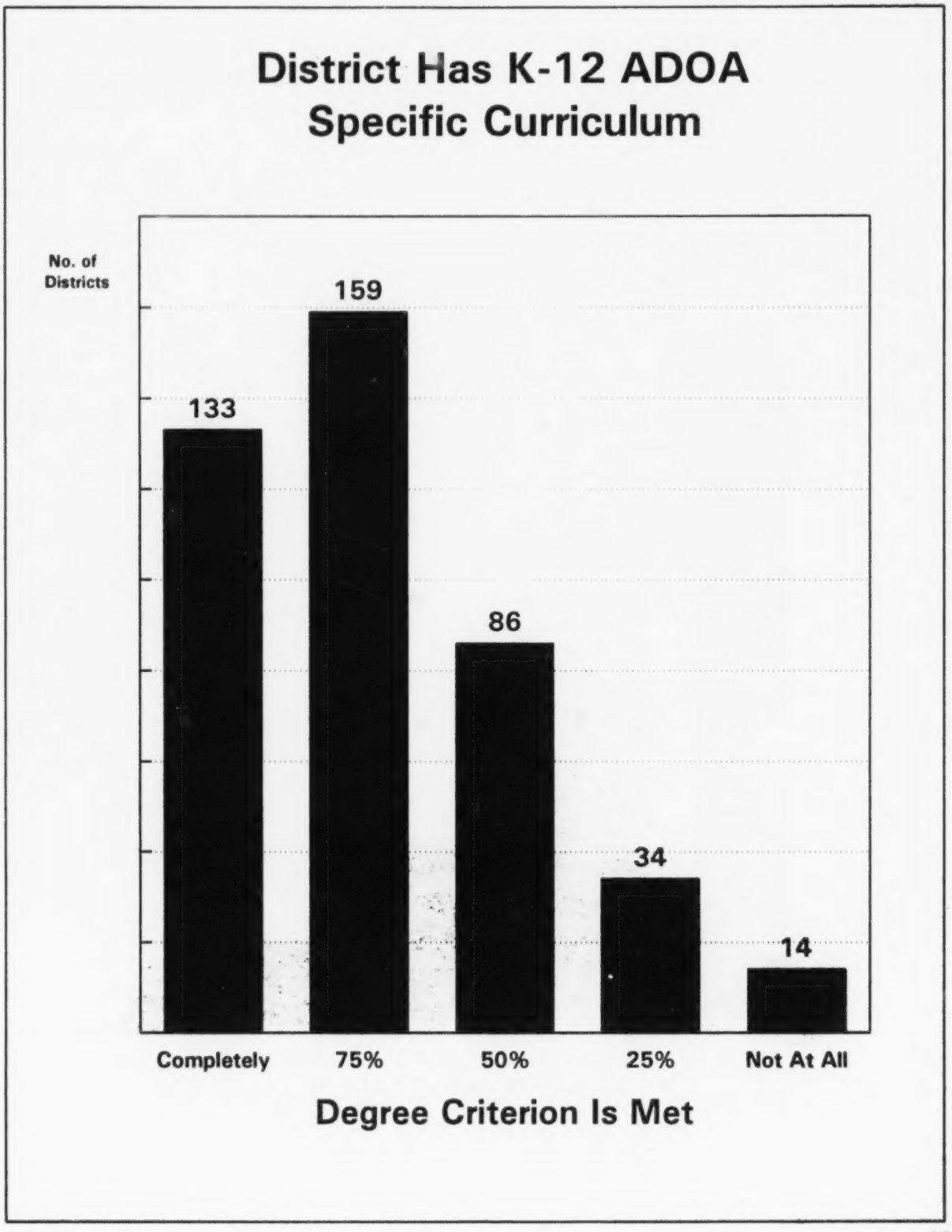

District Has Employee Assistance Program
No. of Districts
107
28
37
56
197
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met


District has Peer Programs Such as Peer Helpers, Peer Educators, etc.
No. of Districts
130
74
68
69
85
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met

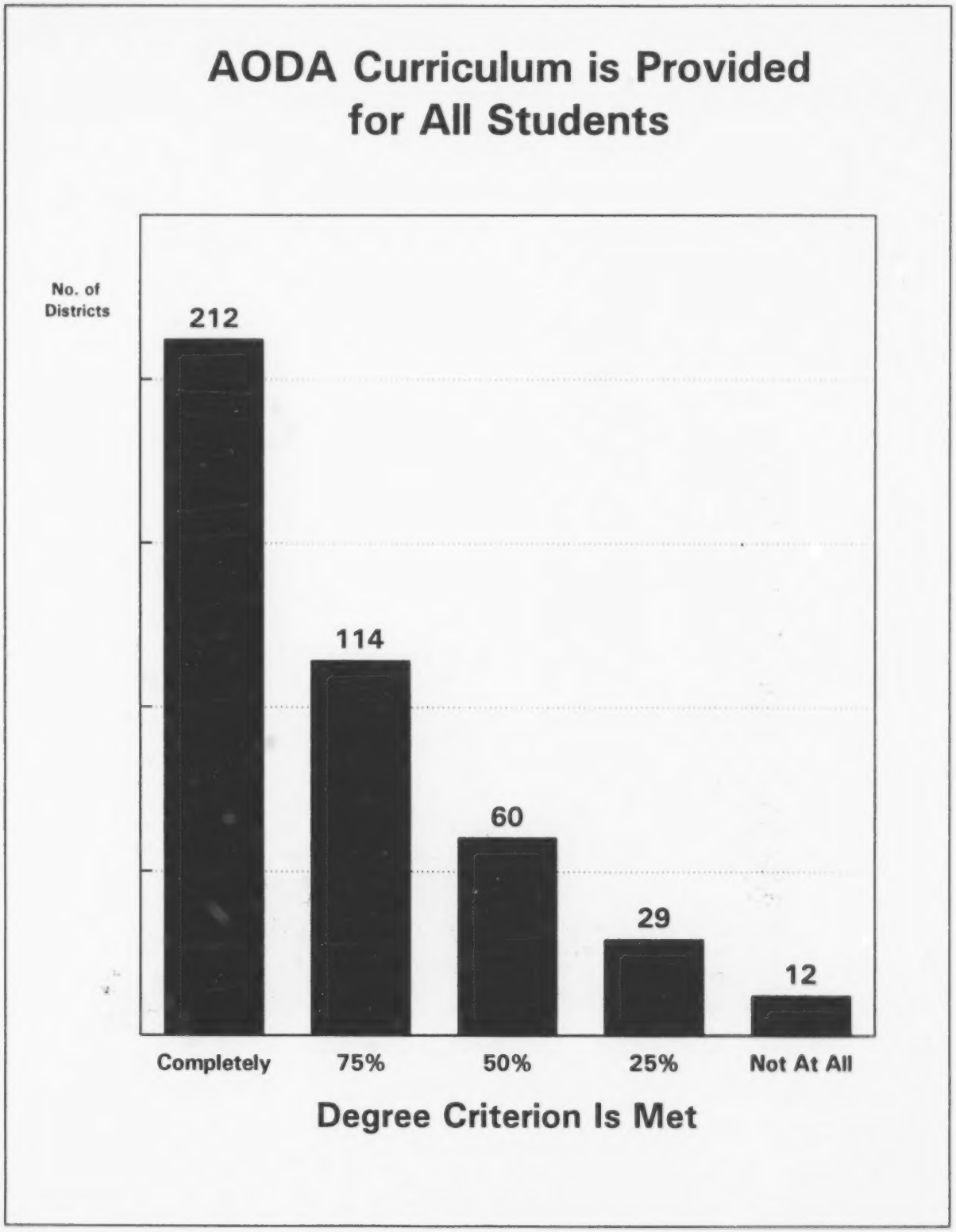

District Provides Drug Free Alternative Activities
No. of Districts
174
115
98
25
14
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met

33


District Has K-12 Student Assistance Program (SAP) in Place
No. of Districts
166
77
77
41
65
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met


District Has K-12 ADOA
Specific Curriculum
No. of
Districts
133
159
86
34
14
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met

35


AODA Curriculum is Provided for All Students
No. of Districts
212
114
60
29
12
Completely
75%
50%
25%
Not At All
Degree Criterion Is Met

Total Checklist Scores by Percent

District	Score	%Score
Pulaski	171	93%
Norris	170	92%
Kiel	167	91%
Palmyra-Eagle	167	91%
Burlington	166	90%
Janesville	166	90%
Milwaukee	166	90%
Eau Claire	166	90%
Mount Horeb	165	90%
Neillsville	163	89%
Washburn	163	89%
Hamilton	162	88%
Iowa-Grant	162	88%
Pittsville	162	88%
Green Bay	161	88%
Laona	161	88%
Nekoosa	161	88%
Sturgeon Bay	161	88%
Wild Rose	161	88%
Elmbrook	160	87%
West De Pere	160	87%
Bowler	159	86%
Stockbridge	159	86%
Barron	158	86%
Minocqua J1	158	86%
Bayfield	157	85%
Delavan-Darien	157	85%
Fontana J8	157	85%
Clinton	156	85%
Somerset	156	85%
Wausau	156	85%
Edgerton	155	84%
Kohler	155	84%
Monona Grove	155	84%
Muskego-Norway	155	84%
Nicolet	155	84%

District	Score	%Score
Ashland	153	83%
Big Foot	153	83%
Turtle Lake	153	83%
Denmark	152	83%
Racine	152	83%
Sharon J11	152	83%
Silver Lake J1	152	83%
Two Rivers	152	83%
Wisconsin Rapids	152	83%
Manitowoc	151	82%
Southwestern Wisconsin	151	82%
Madison	150	82%
Northland Pines	150	82%
Prentice	150	82%
Stevens Point	150	82%
Cedarburg	149	81%
Dodgeville	149	81%
Dover #1	149	81%
Drummond	149	81%
Northwood	149	81%
Hurley	148	80%
Linn J6	148	80%
Mosinee	148	80%
Valders	148	80%
Wausaukee	148	80%
Rosholt	146	79%
Stoughton	146	79%
Westby	146	79%
Menomonie	145	79%
Rosendale-Brandon	145	79%
Cadott	144	78%
Glenwood City	144	78%
New Berlin	144	78%
Owen-Withee	144	78%
Walworth J1	144	78%
Park Falls	143	78%
Verona	143	78%
Cambria-Friesland	142	77%
Deforest	142	77%
Mukwonago	142	77%
Cambridge	141	77%
Evansville	141	77%

District	Score	%Score
Kaukauna	141	77%
South Shore	141	77%
Sun Prairie	141	77%
Prescott	140	76%
Tomah	140	76%
Brown Deer	139	76%
Iola-Scandinavia	139	76%
Kewaunee	139	76%
Phillips	139	76%
Winneconne	139	76%
Wisconsin Dells	139	76%
Salem #7	138	75%
Waukesha	138	75%
Yorkville J2	138	75%
Bangor	137	74%
Hayward	137	74%
Johnson Creek	137	74%
Little Chute	137	74%
New Glarus	137	74%
Oakfield	137	74%
Wauwatosa	137	74%
West Allis	137	74%
Augusta	136	74%
Mequon-Thiensville	136	74%
Pewaukee	136	74%
Waterford	136	74%
Kewaskum	135	73%
Marinette	135	73%
Weston	135	73%
Lake Geneva J1	134	73%
Sheboygan	134	73%
Hudson	133	72%
Luck	133	72%
Menasha	133	72%
New Richmond	133	72%
Peshtigo	133	72%
River Valley	133	72%
Waunakee	132	72%
Almond-Bancroft	132	72%
Butternut	132	72%
Pardeeville	132	72%
Portage	132	72%

District	Score	%Score
White Lake	132	72%
Auburndale	131	71%
De Pere	131	71%
Elcho	131	71%
Lakeland	131	71%
Loyal	131	71%
Manawa	131	71%
Medford	131	71%
Milton	131	71%
Port Washington-Saukville	131	71%
Southern Door	131	71%
Williams Bay	131	71%
Altoona	130	71%
Ashwaubenon	130	71%
Birchwood	130	71%
Mondovi	130	71%
Oostburg	130	71%
Reedsville	130	71%
Twin Lakes #4	130	71%
Greenfield	129	70%
New Holstein	129	70%
Rio	129	70%
Waterloo	129	70%
Whitnall	129	70%
Alma Center	128	70%
Cambellsport	128	70%
Columbus	128	70%
Elkhart Lake-Glenbeulah	128	70%
Highland	128	70%
Mercer	128	70%
Appleton	127	69%
Brillion	127	69%
Fennimore	127	69%
Hilbert	127	69%
Onalaska	127	69%
Shell Lake	127	69%
Solon Springs	127	69%
Belmont	126	68%
Gale-Ettick-Trempealeau	126	68%
Mellen	126	68%
Sauk Prairie	126	68%
Shorewood	126	68%

District	Score	%Score
Washington-Caldwell	126	68%
Westfield	126	68%
Boulder Junction J1	125	68%
Clayton	125	68%
Clintonville	125	68%
Gibraltar	125	68%
Lake Geneva-Genoa City	125	68%
Marshall	125	68%
Monticello	125	68%
Osseo-Fairchild	125	68%
Washington	125	68%
Whitehall	125	68%
Winter	125	68%
Adams-Friendship	124	67%
Cochrane-Fountain City	124	67%
Jefferson	124	67%
Whitefish Bay	124	67%
Hartford	123	67%
Juda	123	67%
Mishicot	123	67%
Port Edwards	123	67%
Randall J1	123	67%
River Falls	123	67%
Wabeno	123	67%
Gillett	122	66%
Gilman	122	66%
La Crosse	122	66%
Maple Dale-Indian Hill	122	66%
Merrill	122	66%
Raymond #14	122	66%
Independence	121	66%
Mauston	121	66%
Ripon	121	66%
Waupun	121	66%
Wautoma	121	66%
Webster	121	66%
Tomahawk	120	65%
Blair-Taylor	119	65%
Franklin	119	65%
Neenah	119	65%
Rhinelander	119	65%
Salem J2	119	65%

District	Score	%Score
Unity	119	65%
Fox Point J2	118	64%
Lake Mills	118	64%
North Crawford	118	64%
Paris J1	118	64%
Shawano-Gresham	118	64%
Wisconsin Heights	118	64%
Bonduel	117	64%
Brodhead	117	64%
Colfax	117	64%
Raymond J1	117	64%
Spooner	117	64%
Spring Valley	117	64%
Tomorrow River	117	64%
Lomira	116	63%
Poynette	116	63%
Beloit Turner	115	63%
Germantown	115	63%
Oconto Falls	115	63%
Watertown	115	63%
Menomonee Falls	114	62%
Norwalk-Ontario	114	62%
Darlington	113	61%
Freedom	113	61%
Ladysmith-Hawkins	113	61%
Mineral Point	113	61%
Oconto	113	61%
Saint Francis	113	61%
Slinger	113	61%
Beaver Dam	112	61%
Berlin	112	61%
Crandon	112	61%
Parkview	112	61%
Saint Croix Falls	112	61%
Deerfield	111	60%
Hillsboro	111	60%
Weyauwega-Fremont	111	60%
Kimberly	110	60%
Saint Croix Central	110	60%
Stone Bank	110	60%
Cedar Grove-Belgium	109	59%
Holemen	109	59%

District	Score	%Score
Black River Falls	108	59%
Boyceville	108	59%
Edgar	108	59%
Elmwood	108	59%
Kenosha	108	59%
Prairie Farm	108	59%
Seymour	108	59%
Shiocton	108	59%
Arrowhead	107	58%
Belleville	107	58%
East Troy	107	58%
Green Lake	107	58%
Hartland-Lakeside J3	107	58%
Luxemburg-Casco	107	58%
Merton J9	107	58%
New London	107	58%
Rib Lake	107	58%
South Milwaukee	107	58%
Swallow	107	58%
West Salem	107	58%
Eleva-Strum	106	58%
Flambeau	106	58%
Maple	106	58%
Mayville	106	58%
Pepin	106	58%
Platteville	106	58%
Potosi	106	58%
Randolph	106	58%
Richland	106	58%
Sparta	106	58%
West Grant	106	58%
Whitewater	106	58%
Wilmot	106	58%
Baldwin-Woodville	105	57%
Middleton-Cross Plains	105	57%
Shullsburg	105	57%
Wheatland J1	105	57%
Black Hawk	104	57%
Elkhorn	104	57%
Monroe	103	56%
Oak Creek-Franklin	103	56%
Union Grove J1	103	56%

District	Score	%Score
Merton J7	102	55%
Sevastopol	102	55%
Spencer	102	55%
Plum City	101	55%
Wrightstown	101	55%
Bloomer	100	54%
Coleman	100	54%
Prairie du Chien	100	54%
Sheboygan Falls	100	54%
West Bend	100	54%
Arcadia	99	54%
Bristol #1	99	54%
Greendale	99	54%
Wis. School for the Deaf	99	54%
Marion	98	53%
Niagara	98	53%
Richfield J1	98	53%
Three Lakes	98	53%
Ellsworth	97	53%
Hortonville	97	53%
Kettle Moraine	97	53%
Seneca	97	53%
Union Grove	97	53%
Waupaca	97	53%
D.C. Everest	96	52%
Fall River	96	52%
Florence	96	52%
Howards Grove	96	52%
Viroqua	96	52%
Cornell	95	52%
Cudahy	95	52%
Oregon	95	52%
Bloomington	94	51%
Horicon	93	51%
Omro	93	51%
Superior	93	51%
Wilmot Grade	93	51%
Alma	92	50%
Cassville	91	49%
Lafarge	91	49%
Lancaster	91	49%
Marshfield	91	49%

District	Score	%Score
Rice Lake	91	49%
Riverdale	91	49%
Wauzeka-Steuben	91	49%
Glendale-River Hills	90	49%
Montello	90	49%
Northern Ozaukee	90	49%
Kickapoo	89	48%
Lake Country	89	48%
North Fond du Lac	89	48%
Amery	88	48%
Arkansaw	88	48%
Marathon City	88	48%
Oshkosh	88	48%
Rubicon J6	88	48%
Stanley-Boyd	88	48%
Abbotsford	87	47%
Boscobel	87	47%
Plymouth	87	47%
Woodruff J1	87	47%
Goodman-Armstrong	85	46%
Fall Creek	84	46%
Fond du Lac	84	46%
Fort Atkinson	83	45%
Reedsburg	83	45%
Wis. School for Vis. Hand.	83	45%
Benton	82	45%
Cameron	82	45%
Durand	82	45%
Central/Westosha	81	44%
Chilton	81	44%
Baraboo	80	43%
Beloit	80	43%
Bruce	80	43%
Oconomowoc	80	43%
Brighton #1	79	43%
Granton	79	43%
New Lisbon	79	43%
Glidden	78	42%
Grafton	78	42%
Richfield J11	78	42%
Clear Lake	77	42%
Elroy-Kendall-Wilton	77	42%

District	Score	%Score
Hartford J1	77	42%
Cashton	76	41%
Chippewa Falls	76	41%
Gilmanton	76	41%
Hustisford	75	41%
Lodi	75	41%
Markesan	75	41%
Greenwood	74	40%
Pecatonica	74	40%
Ithaca	73	40%
Necedah	73	40%
Antigo	72	39%
Chetek	72	39%
Stratford	72	39%
Desoto	71	39%
Grantsburg	71	39%
Menominee Indian	71	39%
Waterford J1	71	39%
Wittenberg-Birnamwood	71	39%
Melrose-Mindoro	69	38%
Frederick	68	37%
Herman #22	68	37%
Lac du Flambeau #1	68	37%
Cumberland	67	36%
Wonewoc-Union Center	67	36%
Genoa City J2	66	36%
Random Lake	66	36%
Siren	65	35%
Thorp	65	35%
Lena	64	35%
Athens	63	34%
Elk Mound	63	34%
New Auburn	63	34%
Cuba City	62	34%
Howard-Suamico	62	34%
Linn J4	62	34%
Osceola	60	33%
Tri-County	59	32%
Beecher-Dunbar-Pembine	58	32%
Tigerton	57	31%
Weyerhaeuser	57	31%
Erin #2	56	30%

District	Score	%Score
Crivitz	55	30%
Barneveld	54	29%
Lake Holcombe	53	29%
Algoma	51	28%
Princeton	49	27%
Albany	48	26%
Colby	43	23%
Suring	43	23%
Neosho J3	39	21%
Phelps	33	18%
Dodgeland	32	17%
Norway J7	32	17%
Geneva J4	26	14%

Districts not reporting:

Argyle
Lisbon J2
McFarland